

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

11-14-02

01-348
 Arthur V. Belendiuk
 Smithwick & Belendiuk, P.C.
 5028 Wisconsin Avenue, N.W.
 Suite 301
 Washington, DC 20016

2. Article Number (Copy from service label)

0023 0771 3037

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

ARTHUR BELENDIUK

12-2-02

C. Signature

x [Signature]

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C O D

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-00-M-0952

DOCKET NO. 01-348

**CERTIFIED
 MAIL**

RETURN RECEIPT REQUESTED

ORDER DATED
11-14-02
DA 02-3173
FEE
MIMEOGRAPH NO.

NAME: Arthur V. Belendiuk
 Smithwick & Belendiuk, P.C.
 5028 Wisconsin Avenue, N.W.
 Suite 301
 Washington, DC 20016

C. R. R. NO.

BY _____

U.S. Postal Service**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

None (Please Print Clearly; to be completed by mailer)

ARTHUR V. BELENDIUK

Street, Apt. No., or P.O. Box No.

5028 WISCONSIN AVENUE, N.W., Suite 301

City, State, ZIP+4

Washington, DC 20016

PS Form 3800, July 1999

7000 0600 0020 0771 3037

